



**CONSTRUCTION
CONTRACTORS BOARD**
PO Box 14140
Salem OR 97309-5052
503-378-4621
www.oregon.gov/ccb



REQUEST FOR ACTIVE LICENSE STATUS - \$20 FEE REQUIRED

Name _____
(Print name of licensed entity) _____ *CCB License No.*

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all of the following conditions before my license will be converted back to active status:

1. **Do you have a current, non-cancelled bond on file with the CCB?** Yes No
If you answered "No" you must enclose an original, signed and sealed bond(s) with this form. The bond(s) must be in the amount required for your chosen endorsement(s).
2. **Do you have a current, valid Certificate of Insurance on file with the CCB?** Yes No
If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for your chosen endorsement(s).
3. **Are the employer account numbers on file still current and active?** Yes No
If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, please supply evidence of active workers' compensation coverage.
4. **Are you a commercial contractor with an "exempt" independent contractor license status?** Yes No
If you answered "Yes" **do you carry workers' compensation with personal election coverage?** Yes No
If you answered "No" you must supply evidence that you have personal election coverage.
5. **Is your business entity or name, filed and active at the Oregon Corporation Division?** Yes No
If you answered "No" you must supply evidence that you have an active filing at the Oregon Corporation Division (call 503-986-2200 for assistance).

By signing below, I certify that I have read the above, and that the licensed entity will comply with each requirement.

Person making request _____
(Please print name of sole proprietor, partner, officer, member or trustee)

Signature _____ _____ *Date*
(Sole proprietor, partner, officer, member or trustee)

You will be notified of any problems or you will receive a new license in approximately 15 days. Make checks payable to Construction Contractors Board.

CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)			
Billing Name		Billing Address	
Amount of Payment \$20	Card Number		Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____		Date _____
			Office Use Only